



## MCNA QUICK REFERENCE GUIDE AND CONTACT INFORMATION - IDAHO SMILES PROGRAM 2017

MCNA DENTAL CONTACT INFORMATION	
MCNA Member Hotline	(855) 233-6262
MCNA Provider Hotline	(855) 235-6262
Hearing Impaired (TTY)	(800) 377-3529
MCNA Fraud Hotline	(855) 392-6262

## **MCNA ADDRESS**

Billing Address 4400 NW Loop 410, Ste 250, San Antonio, TX 78229

Mailing Address PO Box 29008, San Antonio, TX 78229

Please indicate the department when mailing.

CLAIMS SUBMISSION	
MCNA's Provider Portal	https://portal.mcna.net/
Clearinghouse Submission	Payor ID: 65030
ADA Claim Form (2012 or newer)	MCNA Dental Attn: Claims Department 200 West Cypress Creek Road Suite 500 Fort Lauderdale, FL 33309

IMPORTANT LINKS	
MCNA ID Website	http://www.mcnaid.net
Provider Manual	http://manuals.mcna.net/idaho
Provider Portal	https://portal.mcna.net
Online Credentialing	https://credentialing.mcna.net
Credentialing Email	mcnacredentialing@mcna.net
Utilization Management Email	um_id_group@mcna.net

PROVIDER PORTAL INFORMATION		
Visit MCNA's Portal at https://portal.mcna.net/ and register using the following:		
Facility ID / Office ID	Five digit number provided by MCNA on Welcome Letter	
Work Phone	Office Phone Number	
Federal ID	Office Tax ID Number	
5 Digit Zip Code	Office Zip Code	
First Name	User's First Name	
Last Name	User's Last Name	
Email Address	User's email address (will be user name)	
For more information on portal registration, verification of eligibility,		

claims/pre-authorizations/referral submission and more, watch our Provider Portal tutorial videos at: http://youtube.com/MCNADental







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IMPORTANT TIME FRAMES	
Claims Submission	90 days from date of service
Claims Turnaround	30 days from date of receipt
Referral Turnaround	14 calendar days from date of receipt
Pre-Authorization/ Referral Expiration	180 days from approval
Pre-Authorization Turnaround	Standard Requests: 14 calendar days from date of receipt
	Urgent Requests: 3 business days from date of receipt

ACCESS & AVAILABILITY STANDARDS	
Emergency Care	Immediate
Urgent Care	Within 24 hours of request
Non-Urgent Care	Within 7 calendar days of request
Preventive Care	Within 45 calendar days of request

<b>Tier 1 Escalation:</b> Provider Hotline	1-855-235-6262 provider_hotline_leadership@mcna.net
<b>Tier 2 Escalation:</b> Provider Relations Representative	Caitlin Lacy clacy@mcna.net idahopr@mcna.net
Tier 3 Escalation: Provider Relations Management	Shannon Hays shays@mcna.net

MCNA PROVIDER ISSUE ESCALATION AND RESOLUTION

MCNA MEMBER ISSUE ESCALATION AND RESOLUTION		
Tier 1 Escalation: Member Services	1-855-233-6262	
Tier 2 Escalation: Member Advocate Outreach Specialist	<b>Lisa Guzman</b> lguzman@mcna.net	
Tier 3 Escalation: Member Advocate Outreach Specialist Management	Rebecca Poff-Galloway rpoff@mcna.net	

We sincerely appreciate your partnership in the Idaho Smiles Medicaid Program. Please contact us at idahopr@mcna.net with any additional questions, concerns or feedback.

